

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041945

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

318 1003 10601

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **St. Louis**

Length of stay in 1b
over 25 yr

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
a. STATE **Mo.** b. COUNTY

c. CITY OR TOWN **St. Louis**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **St. Louis State Hospital**

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2723 Gravois

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
LOUISE RETSKE

4. DATE OF DEATH
Month Day Year
October 24, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
1/11/66

9. AGE (last birthday)
97

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Nil

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Fred W.

13b. MOTHER'S MAIDEN NAME

unknown

14. NAME OF HUSBAND OR WIFE

—

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, ☐ or unknown) ☒ (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Hospital Records

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Congestive heart failure**

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b) **Arteriosclerotic heart disease and hyperten-
sive cardiovascular disease**

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**Acute and chronic
pyelonephritis.**

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Aug. 22, 1938** to **Oct. 24, 1963** and last saw her alive on **Oct. 24, 1963**
Death occurred at **11:55 am** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

Robert H. Vandenberg

5400 Arsenal St.

10/25/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE
10/25/63

23c. NAME OF CEMETERY OR CREMATORY
St. John Cemetery

23d. LOCATION (City, town, or county)
Granite City, Ill.

(State)

24. FUNERAL DIRECTOR

ADDRESS

25. DATE RECD. BY LOCAL REG.

26. REGISTRAR'S SIGNATURE

Ed Mercer Sons - Granite City, Ill.

OCT 25 1963

Boad Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

1

2 **223**

3

4 **1**

5 **0**

6

7 **0**

8 **1**

9

10

11

12 **81-1**

13

80

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4199

P. O. Address Granite City, Ill.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.